FLUCLOXACILLIN

DESCRIPTION AND INDICATION FOR USE

Flucloxacillin is a beta-lactamase stable penicillin antibiotic. It has a narrow spectrum of antibiotic activity and is used in the treatment of some Staphylococcal and Streptococcal infections when sensitivity indicates.

DOSE

IV, IM: Usual: 25mg/kg/dose Severe infections: 50mg/kg/dose

Interval Week 1 of life: 12 hourly

Week 2 to 4 of life: 8 hourly > 4 weeks of life: 6 hourly

RECONSTITUTION/DILUTION

Ampoule = 500 mg (powder volume = 0.4 mL)

1000mg (powder volume = 0.7 mL)

IV: 500 mg vial: reconstitute with 4.6 mL of Water for Injection (concentration = 100 mg/mL)

1000 mg vial: reconstitute with 9.3 mL of Water for Injection (concentration = 100 mg/mL)

Withdraw exact dose and further dilute to at least 50 mg/mL with 0.9% sodium chloride

IM: 500 mg vial: reconstitute with 1.6 mL of Water for Injection (concentration = 250 mg/mL)

ROUTE AND METHOD OF ADMINISTRATION

IV: Give slowly over 20 minutes via syringe pump

COMPATIBILITY INFORMATION

Please contact your ward pharmacist for information on drugs or fluids not appearing in the table below. Medications that are not routinely used in the Special Care Nursery have not been included in this table and may be incompatible.

	Compatible	Incompatible
Fluids	5% Dextrose, 0.9% Sodium chloride	
Drugs	Aminophylline, heparin sodium, digoxin,	Calcium gluconate, Dobutamine,
	metronidazole, sodium bicarbonate	Gentamicin, Midazolam, Morphine

Flucloxacillin is **physically incompatible** with **aminoglycoside antibiotics** (eg. gentamicin) – it is preferable to separate administration by 1 hour. If it is not possible to separate doses, ensure IV lines are adequately flushed with 0.9% sodium chloride before and after administering of these antibiotics.

SIDE EFFECTS

- Nausea, vomiting, diarrhea
- Hypersensitivity reactions rash, urticaria, eosinophilia
- Rarely hepatitis, chloestatic jaundice, nephritis haematuria
- Displacement of bilirubin from albumin (high doses) use with caution in jaundiced neonates and/or premature infants

SPECIAL PRECAUTIONS

- Caution in patients with hepatic impairment
- Caution in patients at risk of hyperbilirubinaemia

NURSING RESPONSIBILITIES

- Observations/Monitoring:
 - o Careful observation of IV site
 - o Monitor urine output
 - o Observe for side effects